## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

10/599655

FILING DATE

(FOR USE WITH FORM PTO-875)

**CLAIMS** 

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 ™ AMENDMENT	
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TOTAL CLAIMS	0		30		0	

PTO - 1360 (REV. 04/2007)

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 ™ AMENDMENT	
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TOTAL DEP.	0	<b>4</b>	0	<b>4</b>	0	A STATE OF THE STA
TOTAL CLAIMS	0	US DEPAR	O TMENT of C		0	

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